



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
CERTIFICATION OF ACKNOWLEDGEMENT

NOTE: THE FOLLOWING IS AN EXAMPLE OF THE CERTIFICATION OF ACKNOWLEDGEMENT, WHICH MUST ACCOMPANY THE TRUST AGREEMENT FOR A TRUST FUND.

OWNER (The owner should fill out this portion.)

On this _____, of _____, 20_____, before me personally came
(Day) (Month) (Year)
_____ to me known, who, being by me
(Owner/Operator)
duly sworn, did depose and say that she/he resides at _____
(Address)
_____, _____, _____ that she/he is
(City) (State) (ZIP Code)
_____ of
(Title)
_____,
(Corporation)
the corporation described in and which executed the above instrument; that she/he knows the seal of said corporation; that the seal affixed to such instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that s/he signed his/her name thereto by like order.

Notary Public Embosser Seal	State of: _____	County: _____
	Subscribed and sworn before me, this _____ day of _____, 20_____.	
	Notary Public Signature _____	Use rubber stamp in clear area below
	My Commission Expires _____	
	Notary Public Name (Type or Print) _____	

OPERATOR (The operator should fill out this portion.)

On this _____, of _____, 20_____, before me personally came
(Day) (Month) (Year)
_____ to me known, who, being by me
(Owner/Operator)
duly sworn, did depose and say that she/he resides at _____
(Address)
_____, _____, _____ that she/he is
(City) (State) (ZIP Code)
_____ of
(Title)
_____,
(Corporation)
the corporation described in and which executed the above instrument; that she/he knows the seal of said corporation; that the seal affixed to such instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that s/he signed his/her name thereto by like order.

Notary Public Embosser Seal	State of: _____	County: _____
	Subscribed and sworn before me, this _____ day of _____, 20_____.	
	Notary Public Signature _____	Use rubber stamp in clear area below
	My Commission Expires _____	
	Notary Public Name (Type or Print) _____	